

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013686

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 95

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rural Prairie</b>		c. CITY OR TOWN <b>Near Buckner</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Jackson Co. Hosp.</b>		d. STREET ADDRESS <b>700</b>	
Length of stay in 1b <b>5 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>VIRGINIA</b> Last <b>Dempsey</b>		4. DATE OF DEATH Month <b>April</b> Day <b>4</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 15, 1882</b>
9. AGE (In years) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Music Teacher</b>	
11. BIRTHPLACE (City and state or country) <b>Sedalia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>R.B. Dempsey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Shirley</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Mrs. Abbie Dyett, Yorkman, Wash.</b>	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio-Sclerotic Heart Disease</b> DUE TO (b) <b>Generalized Arterio-Sclerosis</b> DUE TO (c) <b>Generalized Arterio-Sclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:50</b> a.m. <b>3/30/59</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Sedalia, Mo.</b>	
21. I attended the deceased from <b>6:50</b> a. to <b>4/4/59</b> and last saw her alive on <b>4/4/59</b>		22a. SIGNATURE (Degree or title) <b>Phil Saper M.D.</b>	
22b. ADDRESS <b>Reis Summit Mo</b>		22c. DATE SIGNED <b>4/4/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-14-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>	
24. FUNERAL DIRECTOR <b>Sidmon Mortuary, Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-14-1959</b>	
26. REGISTRAR'S SIGNATURE <b>N. B. Longford</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

Licensed Embalmer No. ....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.